

MEMORANDUM

Agenda Item No. 3(A)(9)

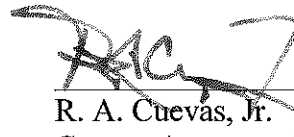
TO: Honorable Chairwoman Rebeca Sosa
and Members, Board of County Commissioners

DATE: April 2, 2013

FROM: R. A. Cuevas, Jr.
County Attorney

SUBJECT: Resolution retroactively
authorizing in-kind services for
the March 9, 2013 "Pitching 4
Patches" event

The accompanying resolution was prepared and placed on the agenda at the request of Prime Sponsor Commissioner Dennis C. Moss.



R. A. Cuevas, Jr.
County Attorney

RAC/smm




MEMORANDUM

(Revised)

TO: Honorable Chairwoman Rebeca Sosa
and Members, Board of County Commissioners

DATE: April 2, 2013

FROM: 
R. A. Cuevas, Jr.
County Attorney

SUBJECT: Agenda Item No. 3(A)(9)

Please note any items checked.

- ☐ "3-Day Rule" for committees applicable if raised
- ☐ 6 weeks required between first reading and public hearing
- ☐ 4 weeks notification to municipal officials required prior to public hearing
- ☐ Decreases revenues or increases expenditures without balancing budget
- ☐ Budget required
- ☐ Statement of fiscal impact required
- ☐ Ordinance creating a new board requires detailed County Mayor's report for public hearing
- ☐ No committee review
- ☐ Applicable legislation requires more than a majority vote (i.e., 2/3's ____, 3/5's ____, unanimous ____) to approve
- ☒ Current information regarding funding source, index code and available balance, and available capacity (if debt is contemplated) required

Approved _____ Mayor
Veto _____
Override _____

Agenda Item No. 3(A)(9)
4-2-13

RESOLUTION NO. _____

RESOLUTION RETROACTIVELY AUTHORIZING IN-KIND SERVICES FROM THE PARKS, RECREATION, AND OPEN SPACES DEPARTMENT FOR THE MARCH 9, 2013 "PITCHING 4 PATCHES" EVENT SPONSORED BY THE SOUTH FLORIDA PROGRESS FOUNDATION, INC., A NOT-FOR-PROFIT ORGANIZATION, IN AN AMOUNT NOT TO EXCEED \$775.00 TO BE FUNDED FROM THE BALANCE OF THE DISTRICT 9 FY 2012-13 IN-KIND RESERVE FUND

WHEREAS, the South Florida Progress Foundation, Inc. has requested in-kind services from the Parks, Recreation and Open Spaces Department for the March 9, 2013 "Pitching 4 Patches" event in an amount not to exceed \$775.00 (see attached Fee Waiver/In-kind Service Application); and

WHEREAS, the "Pitching 4 Patches" event is a fundraiser for PATCHES PPEC which is a treatment facility for terminally ill children; and

WHEREAS, the South Florida Progress Foundation, Inc. is a not-for-profit organization; and

WHEREAS, the "Pitching 4 Patches" event is a special event, as that term is defined in the attached Fee Waiver/In-kind Service Application, and \$775.00 of the in-kind services shall be funded from the balance of the District 9 FY 2012-13 In-Kind Reserve Fund,

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF MIAMI-DADE COUNTY, FLORIDA, that this Board retroactively authorizes in-kind services from the Parks, Recreation and Open Spaces Department for the March 9, 2013 "Pitching 4 Patches" event sponsored by the South Florida Progress Foundation, Inc., in an amount not to exceed \$775.00 to be funded from the balance of District 9 FY 2012-13 In-Kind Reserve Fund.

The Prime Sponsor of the foregoing resolution is Commissioner Dennis C. Moss. It was offered by Commissioner _____, who moved its adoption. The motion was seconded by Commissioner _____ and upon being put to a vote, the vote was as follows:

Rebeca Sosa, Chairwoman

Lynda Bell, Vice Chair

Bruno A. Barreiro

Jose "Pepe" Diaz

Sally A. Heyman

Jean Monestime

Sen. Javier D. Souto

Juan C. Zapata

Esteban L. Bovo, Jr.

Audrey M. Edmonson

Barbara J. Jordan

Dennis C. Moss

Xavier L. Suarez

The Chairperson thereupon declared the resolution duly passed and adopted this 2nd day of April, 2013. This resolution shall become effective ten (10) days after the date of its adoption unless vetoed by the Mayor, and if vetoed, shall become effective only upon an override by this Board.

MIAMI-DADE COUNTY, FLORIDA
BY ITS BOARD OF
COUNTY COMMISSIONERS

HARVEY RUVIN, CLERK

By: _____
Deputy Clerk

Approved by County Attorney as
to form and legal sufficiency.

GKS

Gerald K. Sanchez

MIAMI-DADE COUNTY
FEE WAIVER/IN-KIND SERVICES APPLICATION
FY 2008-09

COUNTY FEE WAIVERS OR IN-KIND SERVICES REQUESTED THROUGH THIS PROCESS ARE NOT EFFECTIVE UNTIL APPROVED BY ACTION OF THE BOARD OF COUNTY COMMISSIONERS PURSUANT TO THE MIAMI-DADE COUNTY HOME RULE CHARTER

Please complete the following form and submit completed form along with requested materials, if applicable, to:

Office of Strategic Business Management
111 N.W. 1st Street, Suite 2200
Miami, FL 33128

Phone: (305) 375-5143
Fax: (305) 375-5168

Type of Event/Application (select one of the following):

- ☐ District Event - Event of minimal impact related to specific commission district (Complete questions 1-7, sign and date; copy will be submitted to the appropriate District Commissioner within two days of receipt of application.)
- ☐ Small Event - Event of minimal impact not necessarily related to a specific commission district (Complete questions 1-7, sign and date.)
- ☒ Special Event* - Event with expected attendance of less than 5,000 with localized impact limited to an individual community or municipality (Complete questions 1-12, sign, date and submit form no later than 60 days prior to event date.)
- ☐ Major Event* - Large Event with expected attendance of over 5,000 or significant probability of protests, controversy, violence or vandalism (Complete questions 1-12, sign, date and submit form no later than 120 days prior to event date.)

Note: Event budget must be included for "Special" and "Major" event types.

Commissioner sponsoring event Commissioner Dennis Moss, District 9

1. Full legal name of the requesting organization: South Florida Progress Foundation

2. Applicant Status: (Select one of the choices below)

- ☒ Not-For-Profit or Tax Exempt
☐ For-Profit
☐ Local Government or Public Entity
☐ Other (specify): _____

3. Name and contact information for single point of contact (address, phone, fax, e-mail address, etc.): _____

Paul Wilson, 1450 NE 2nd Ave, Suite 216, Miami, FL 33132
(305) 995-1801, (fax) 305-995-1200, pw@sfprogressfoundation.net

4. Specify fee waiver or in-kind service requested (quantify, if applicable): That the fees for Tropical Park
usage be absorbed for the Charity Kickball Event on 3/8/13.

5. Name, date of event, description, and purpose of the event (if event is a fund-raiser, define the beneficiaries):
"Pickin' 4 PATCHES" Charity Kickball Tournament being held on
March 9, 2013 from 9:00am - 5:00pm. The purpose of the event
is to raise funds for PATCHES PPEC, which is a treatment
facility for medically complex and terminally ill children. The
facility is located in the Florida City area.

6. Please select ALL that apply to event.

- ☐ Economic Development: Event supports vitality or growth of the local economy
☒ Youth/Education: Event benefits youth of any age and/or offers educational benefits
☒ Health and Social Services: Event supports health-related causes and/or social programs or institutions that improve quality of life within the community
☐ Arts and Culture: Event supports music, theatre, literature, art or culture
☐ Environmental: Event benefits environmental concerns or promotes conservation
☐ Sports and Athletics: Event supports/promotes organized sports or recreational participation

7. Physical address of event venues (please specify Commission District(s)):
Tropical Park, 7900 SW 40th St, Miami, FL 33155
District 10.

8. Description of regional or local impact: The impact will be realized as this facility will
be able to expand their ability to provide additional treatment
as the funds will go towards the creation of a specialized
treatment room at the existing facility.


9. Daily/hourly event schedule, including set-up and breakdown schedule (attach event calendar, if applicable):
Setup will begin at 9:00am, the first round of games start at 9:00am.
The tournament will continue throughout the day as the brackets are
adjusted.

10. Detailed description of event venues (map or schematic of event venues, access points, surrounding roadways and traffic flow diagrams, if applicable): See attached.



11. Expected number of participants and estimated attendance (per day, if applicable): 400 - 500 participants

12. Itemized budget, including total event budget, total budget of host organization, if applicable, and total commitment of resources (attach additional pages as needed): See attached.

I hereby certify that all the statements made in this application are true and correct.


Signature of Authorized Representative

2/12/13
Date

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS					
Home	Contact Us	E-Filing Services	Document Searches	Forms	Help
Previous on List	Next on List	Return To List	Entity Name Search <input type="text"/> <input type="button" value="Submit"/>		
Events	Name History				
Detail by Entity Name					
<u>Florida Non Profit Corporation</u>					
SOUTH FLORIDA PROGRESS FOUNDATION, INC.					
<p>This detail screen does not contain information about the 2013 Annual Report. Click the 'Search Now' button to determine if the 2013 Annual Report has been filed.</p> <p><input type="button" value="Search Now"/></p>					
<u>Filing Information</u>					
Document Number	714837				
FEI/EIN Number	596216592				
Date Filed	06/26/1968				
State	FL				
Status	ACTIVE				
Last Event	AMENDMENT AND NAME CHANGE				
Event Date Filed	07/17/2006				
Event Effective Date	NONE				
<u>Principal Address</u>					
C/O GREATER MIAMI CHAMBER OF COMMERCE 1601 BISCAYNE BLVD., BALLROOM LEVEL MIAMI FL 33132					
Changed 04/19/2011					
<u>Mailing Address</u>					
C/O GREATER MIAMI CHAMBER OF COMMERCE 1601 BISCAYNE BLVD., BALLROOM LEVEL MIAMI FL 33132					
Changed 04/19/2011					
<u>Registered Agent Name & Address</u>					
PEREIRA, CORNELIA ED 1601 BISCAYNE BLVD. BALLROOM LEVEL MIAMI FL 33132-1260 US					
Name Changed: 09/23/2010					
Address Changed: 04/19/2011					
<u>Officer/Director Detail</u>					
<u>Name & Address</u>					

9

Google earth

feet
meters

1000
500

ADA Map

FB: Red/Dev
P: Registration
WAO: Red/Red.
WAO: School



SPECIAL EVENT BUDGET

Detail fully the intended use, type of business and scope of operation:

DETAILED REVENUE		
Source	Price	Total Amount of Income
Team Registration	\$400 x 24 Teams	\$9600
Team Members	\$10.00 (per person)	Varies
Water	\$2.00 (per bottle)	Varies
Gatorade	\$3.00 (per bottle)	Varies
T-Shirts	\$5.00 (per shirt)	Varies
Potato Chips	\$1.00 (per bag)	Varies
Total Revenue:		\$13,500 - \$16,000

DETAILED EXPENDITURES	
Item	Total Amount of Expense
Park/Permit Fees	\$800 - \$1200
T-Shirts	\$1,800
Police	\$1050.00
Fire	N/A
Insurance	\$455.00
Portable Toilets (6 total, 3 regular, 3 ADA)	\$200.00
Total Expenses:	\$4705.00
Net Income Expected:	\$11,295.00 (approx.)

DETAILED IN KIND SERVICES	
Item	Value of Contribution
Water/Powerade Donation (Coca Cola)	\$650
Snack Donation (Winn Dixie)	\$500
Total Value	\$1150.00

Describe the intended use of net income generated from this special event:

All proceeds and net income from this event

will go to the South Florida Progress Foundation to benefit PATCHES PPEC, which is the intended 501 (c) (3).

**Request for Taxpayer
Identification Number and Certification**

Give Form to the
requester. Do not
send to the IRS.

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)
South Florida Progress Foundation

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:
☐ Individual/sole proprietor ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate
☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ ☐ Exempt payee
☒ Other (see instructions) ▶ **501(C)(3)**

Address (number, street, and apt. or suite no.)
1601 Biscayne Boulevard

City, state, and ZIP code
Miami, FL 33132

List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number								
				-				

Employer identification number									
5	9	-	6	2	1	6	5	9	2

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here Signature of U.S. person ▶ *L. Indrade* Date ▶ **1/12/12**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).


Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

Memorandum



Date: April 2, 2013

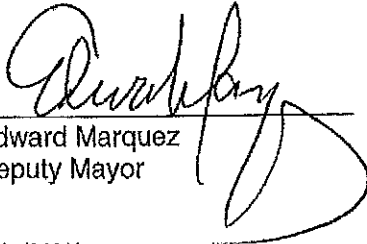
To: Honorable Chairwoman Rebeca Sosa
and Members, Board of County Commissioners

From: Carlos A. Gimenez
Mayor 

Subject: District Specific In-Kind Request

A retroactive waiver for In-kind services has been requested by the South Florida Progress Foundation, Inc., for their "Pitching for Patches" event held on March 9, 2013.

In-kind services have been requested in an amount not to exceed \$775 from the Parks, Recreation and Open Spaces Department for the rental of the field at Tropical Park. This event will be funded from the balance of District 9 FY 2012-13 In-Kind Reserve Fund.


Edward Marquez
Deputy Mayor

Inkind01319